

## Urban Measurement of Aerosol and Asthma Project (UrbanMAAP)

### New York City Metro Area

#### Asthma and Our Environment School Survey - Spring 2000

- 1) Male \_\_\_\_ Female \_\_\_\_ 2) Age: \_\_\_\_\_
- 3) Ethnicity/Race: \_\_\_\_\_
- 4) School Zip Code \_\_\_\_\_
- 5) Home Zip Code \_\_\_\_\_
- 6) Do you have asthma? Yes \_\_\_\_ No \_\_\_\_
- 7) Does someone else in your family have asthma? Yes \_\_\_\_ No \_\_\_\_  
(If no, please skip to question 16)
- 8) Did a doctor diagnose you or your family member with asthma? Yes \_\_\_\_ No \_\_\_\_
- 9) Have you or a family member living with you gone to the emergency room for asthma treatment during:
- |         |          |         |                               |
|---------|----------|---------|-------------------------------|
| Fall?   | Yes ____ | No ____ | If yes, how many times? _____ |
| Winter? | Yes ____ | No ____ | If yes, how many times? _____ |
| Spring? | Yes ____ | No ____ | If yes, how many times? _____ |
| Summer? | Yes ____ | No ____ | If yes, how many times? _____ |
- 10) Were you or someone in your family ever hospitalized overnight for asthma? Yes \_\_\_\_ No \_\_\_\_  
Roughly, how many times? \_\_\_\_\_
- 11) Roughly, how many times have you or someone in your family been treated by your family doctor for asthma during the past year? \_\_\_\_\_
- 12) In which season are the asthma attacks most frequent? \_\_\_\_\_
- 13) Are the asthma attacks more frequent during the day or at night? \_\_\_\_\_
- 14) Are the attacks more common on weekdays or weekends? \_\_\_\_\_
- 15) Have you missed school because of asthma? Yes \_\_\_\_ No \_\_\_\_

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- 16) Are you less able to participate in sports or games because of your asthma?  
Yes \_\_\_\_ No \_\_\_\_
- 17) What do you think triggers your asthma? \_\_\_\_\_
- 18) How important are the following in causing your asthma? Rank in order of importance 1 - 10, 1 being the most important, and 10 being the least.
- |   |  |
|---|--|
| ____ hot weather                          | ____ bad air inside the home             |
| ____ cold weather                         | ____ dust                                |
| ____ air pollution                        | ____ not taking the medications properly |
| ____ traffic pollution from buses or cars | ____ not being able to go to a doctor    |
| ____ cat or dog hairs                     | ____ exercising and playing outside      |
| ____ stress                               | ____ having a cold or the flu            |
| ____ cockroaches                          | Other _____                              |
- 19) Do you or the members of your family with asthma have allergies? Yes \_\_\_\_ No \_\_\_\_
- 20) Do you have any friends who have asthma? Yes \_\_\_\_ No \_\_\_\_  
If yes, how many? \_\_\_\_\_
- 21) Do you think there is a problem with asthma in your school? Yes \_\_\_\_ No \_\_\_\_
- 22) Do you think there is a problem with asthma in your neighborhood? Yes \_\_\_\_ No \_\_\_\_
- 23) If you answered yes for either questions 17 or 18, what do you think causes problem?  
\_\_\_\_\_
- 24) About your home:
- |                                      |          |          |               |             |
|--------------------------------------|----------|----------|---------------|-------------|
| Do you have pets?                    | Yes ____ | No ____  |               |             |
| How is your home heated?             | Oil ____ | Gas ____ | Electric ____ | Other _____ |
| Do you have air conditioning?        | Yes ____ | No ____  |               |             |
| Do you have an air filter/ purifier? | Yes ____ | No ____  |               |             |
| Do you have a dishwasher?            | Yes ____ | No ____  |               |             |
| Do you have wall to wall carpet?     | Yes ____ | No ____  |               |             |
| Do you have a gas stove?             | Yes ____ | No ____  |               |             |
- 25) Approximately, how many blocks do you live from:  
A major street/ avenue? \_\_\_\_\_ Highway? \_\_\_\_\_ Bus route? \_\_\_\_\_